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APPLICATION NUMBER	FILING OR 371 (c) DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NUMBER
10/633,741	08/04/2003	George J. Vlahos	

Hartman & Hartman, P.C.  
 552 East 700 North  
 Valparaiso, IN 46383

CONFIRMATION NO. 5600  
**FORMALITIES LETTER**  
  
 \*OC000000012838945\*

Date Mailed: 06/02/2004

**NOTICE TO FILE CORRECTED APPLICATION PAPERS**

***Filing Date Granted***

An application number and filing date have been accorded to this application. The application is informal since it does not comply with the regulations for the reason(s) indicated below. Applicant is given TWO MONTHS from the date of this Notice within which to correct the informalities indicated below. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

The required item(s) identified below must be timely submitted to avoid abandonment:

- A substitute specification in compliance with 37 CFR 1.52, 1.121(b)(3), and 1.125, is required. The specification, claims, or abstract page(s) submitted is not acceptable and cannot be scanned or properly stored because:
  - Papers must be legibly written either by a typewriter or mechanical printer in permanent ink or its equivalent in portrait orientation on flexible, strong, smooth, non-shiny, durable, and white paper. Application papers must be presented in a form having sufficient clarity and contrast between the paper and the writing thereon to permit the direct reproduction of readily legible copies in any number by use of photographic, electrostatic, photo-offset, and microfilming processes and electronic reproduction by use of digital imaging and optical character recognition. Pages 5-7 are not in compliance with 37 CFR 1.52(a).

The applicant needs to satisfy supplemental fees problems indicated below.

The required item(s) identified below must be timely submitted to avoid abandonment:

- Additional claim fees of **\$43** as a small entity, including any required multiple dependent claim fee, are required. Applicant must submit the additional claim fees or cancel the additional claims for which fees are due.

**SUMMARY OF FEES DUE:**

Total additional fee(s) required for this application is **\$43** for a Small Entity

- Total additional claim fee(s) for this application is **\$43**
  - **\$43** for 1 independent claims over 3.

Replies should be mailed to: Mail Stop Missing Parts  
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*A copy of this notice **MUST** be returned with the reply.*

N. Mohammed  
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